JULY 1, 2015 - JUNE 30, 2017 CONDOMINIUM ASSOCIATION BIENNIAL REGISTRATION APPLICATION

BIENNIAL REGISTRATION DEADLINE: Monday, June 1, 2015

Designated officer (from section 2a) for direct contact (required):

Name: KUNNN

ALL INFORMATION PROVIDED IS PUBLIC INFORMATION

Treasurer (required):_

Mailing address (public):

FOR OFFICE USE ONLY

593 01662321 3- 6/26/15 906 01662322 3- 6/26/15

3- 6/26/15 | 60.00 3- 6/26/15 | 70.00

(Bond exemption reapplication deadline: Thursday, April 30, 2015)

1. Project registration number: 2446

Name of condominium project: KAUHIKOA HALE

Project street address (required): 966 422 KAUHIKOA RD HAIKU HI 96708

Total # units: 7 Expiration of bond on file with Commission: 1/6/2015

NOTE: If no information is printed in the "Expiration of bond on file with Commission" field, the AOUO has previously applied for a fidelity bond exemption (all fidelity bond exemptions expire at the conclusion of the biennial registration period). Question #5 of this application allows the AOUO to select a fidelity bond exemption.

2. a. List the names of the officers of the association (all information provided is public information)

President (required): CRAIG HANSUN

Vice President (optional):

Secretary (required): RNNA HEAMES SMITH

Public Email (optional):

NOTE: Contact name of individual, public phone number and public mailing address where a unit owner and the owner's authorized agents may be able to obtain the documents, records, and information required to be provided to a unit owner

authorized agents may be able to obtain the documents, records, and information required to be provided to a unit owner and the owner's authorized agents pursuant to HRS §§ 514B-152 -154.5.

3. a. Person to receive AOUO correspondence & calls from Commission (required):

This individual will receive notices to update fidelity bond coverage, as well as correspondence from the Commission.

Mailing Address: PO Byx 128

city: KADWLWI

 zip: 96733

Day Phone:

18 8782000

Public Email (optional):

	b.	Pursuant to HRS § 514B-106.5, please identity the il authorized to serve civil process, in compliance with	Hawaii Revised Statutes	Chapter 634.				
		Name Primary: CRAIG WANSON	Title_POUS	Telephone: 5759614				
		Name Primary: CRAIG WANSON Name Alternate: TAVA LARSEN	Title Vec	Telephone: 573 5478				
		nagement status (required): (check ONE only and fill						
	_	Solt-managed by Association of Unit Owners (see Instructions) Public Email:						
	_	Title: SEC/TAVAS Name: RUNNA						
		Mailing Addrage: PD BOY 128						
		City: KANNUL State: H	Zip: (46) 33	Day Phone: \$08 - 8782000				
		Managed by Condominium Managing Agent (see In		Public Email:(Optional)				
		Management Company:		(Optional)				
		Mailing Address:						
		City: State:	Zip:	Day Phone:				
5. a. Evidence of Fidelity Bond (required) (Between sections 5a and 5b CHECK ONE ONLY; see Question expiration date of bond on file with the Commission)								
		No evidence of fidelity bond is attached because Completed CSI form or certificate of insurance OR BEFORE June 30, 2015, or evidence of cu	form is attached because	bond on file in Question #1 expires ON				
	b.	Bond Exemption (If applying for a bond exemption exemption form on page B-2, B-3, or B-4 must be exemption application fee must be added to the pre	ompleted as part of the ap	olication process). An additional \$50 bond				
		Sole Owner: Where all condominium units are owned by a sole individual, sole corporation, sole partnership, sole Limited Liability Corporation ("LLC"), or sole Limited Liability Partnership ("LLP"). 20 or Fewer Units: Where the condominium project contains 20 or fewer units. 100% Commercial Use: Where all condominium units are 100% commercial use.						
6.	Ow	wner occupancy: Percentage of residential use units i	n the project which are ow	ner-occupied: <u>80</u> %				
7.		nnual operating budget: Did the AOUO board of direct						
	Pu ma	Pursuant to HRS § 514B-106 (c), within 30 days after adoption of any proposed budget for the association, the board shall make available a copy of the budget to all unit owners and shall notify each unit owner that the owner may request a copy of the budget and to whom that request shall be made.						
8.	Re	eserve studies and replacement reserves: (see Instruc	ctions)					
	fun	or the current fiscal year, is the AOUO collecting a mir inding one hundred percent of the estimated replacem	e estimated replacement reserves OR a cash flow plan? 🌠 Yes 🔲 No					
	lf y	yes, what is the percent funded?: 9						
9.	Do Bo	Does your AOUO maintain and make available for owner-review during reasonable hours a reference binder containing the Board of Directors Guides, Real Estate Commission brochures, HRS Chapters 514A and 514B, HAR Chapter 107, copies of the declaration, bylaws, house rules and any amendments? Yes No						
	lf y	yes, where are the materials kept?:	<u> </u>					
10.	Ha	as the AOUO amended the declaration, bylaws, condervisions of HRS Chapter 514B? 💢 Yes 🔻 😿	ominium map or other cor	stituent documents to adopt the				

CPR	#	2446	_	KΑ	Lil-	ИK	OΑ	HAL	E
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11.	Has	s the AOUO utilized mediati	on or arbitration to resolve	e condominium disputes wit	hin the last two	o years?	□ Yes ₺ No
	If ye	es, how many times?	Mediation:	Arbitration:			
12.	a.	Does the AOUO have a se	eparate email account?] Yes 🔀 No			
		What is the association's p	oublic email address? (op	otional)	····	_	
	b.	Does the AOUO maintain	an internet website? 🔲 \	∕es ∑ No			
		What is the public website	e address? (optional)		201 <u></u>		
					#11.27 70.77 20 70.77	15 MAY 28 P2 5a	REALIESTATE BRANCH

CERTIFICATION OF CONDOMINIUM ASSOCIATION OFFICER, DEVELOPER, 100% SOLE OWNER, OR MANAGING AGENT WITH DELEGATION OF DUTY TO REGISTER For the period July 1, 2015 – June 30, 2017

1.	I have read and understand the Instructions.
2.	I certify that this application is complete as required, and is accompanied by the required documents and fees.
3.	I certify that I am authorized to sign this certification on behalf of this condominium association; that the information provided is true and correct, and that there are no material omissions. (It is unlawful for any AOUO, its officers, board, or agents to file with the Commission any information that is false or contains a material misstatement of fact (HRS §§ 514A-134 and 514B-99.3). Any violation is a misdemeanor.
4.	I certify that any changes to the required information provided in questions one (1) through five (5) of the registration application information, as required by HRS § 514B-103 (a) (1), shall be reported to the Real Estate Commission, in writing, within 10 days of the date of change. I further certify that the condominium association shall continue to update all other information during the biennial registration period as required by statute and provide updated information as requested by the Real Estate Commission. Also, written notification shall be provided to the Real Estate Commission at least 30 days prior to cancellation, termination, or a material change to the information provided in the evidence of fidelity bond coverage.
5.	I certify that this condominium association does maintain continuous fidelity bond coverage in compliance with HRS § 514B-143 (a) (3), and that evidence of fidelity bonding or bond exemption shall be filed with the Real Estate Commission throughout this entire registration period. This condominium association acknowledges that its registration shall be automatically terminated for failure to provide the Real Estate Commission with evidence of continuous fidelity bond coverage (if applicable) through June 30, 2017.
6.	This condominium association has received sufficient notice that if it fails to submit a completed registration application and fails to maintain continuous fidelity bond coverage or an approved fidelity bond exemption, it shall not have standing to maintain any action or proceeding in the courts of this State until it properly registers (HRS § 514B-103 (b)).
	Signature of Association Officer, Developer, 100% Sole Owner, or Managing Agent (Original signature or stamp preferred, however facsimile or photocopied signatures are accepted)
	Runga Hermes Snith
	5/3/15 Date
	Print Name of Condominium Association (Managing Agent include CMA Name)
	CHECK ONE ONLY:[] President [] Vice-President [X]Secretary [X] Treasure [] Developer or Developer's Agent registering for unorganized association [] 100% Sole Owner of Condominium Project [X] Managing Agent with Delegation of Duty to Register
Mail o	deliver all fees & documents to: Real Estate Branch, AOUO Registration, 335 Merchant St., Rm. 333, Honolulu, HI

Mail or deliver all fees & documents to: Real Estate Branch, AOUO Registration, 335 Merchant St., Rm. 333, Honolulu, HI 96813

If you need assistance: call (808) 586-2643 to speak to a condominium registration clerk.

This material can be made available for individuals with special needs. Please call the Senior Condominium Specialist at (808) 586-2643 to submit your request.